



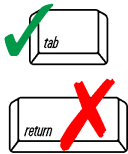
Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Solid Waste Management
BWP SW 36 Post-Closure Use – Major
BWP SW 37 Post-Closure Use – Minor
Application for Post-Closure Use Permit

Transmittal Number _____

Facility ID# (if known) _____

A. Project Information (all applicants must complete this section)

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Directions: Specify the plan/report and page numbers in which the following information is located.

Note: Complete only sections applicable to requested post-closure use. Enter NA if not applicable.

1. Which permit category are you applying for? ☐ BWP SW 36 ☐ BWP SW 37
2. Is MEPA review required for this project? ☐ Yes ☐ No
3. Post-closure use (310 CMR 19.016 & 19.143):
 - a. general description
 - (1) current post-closure use
 - (2) proposed post-closure use
 - (3) effect of changes
 - b. effect on public health safety or the environment
4. Department-approved closure plan

Plan/Report #

Page #

DEP Use Only

B. Project Information

1. Post-closure use plan/report:
 - a. site plan
 - b. design plan
 - (1) original design
 - (2) proposed design
 - (3) changes from original design
 - (4) closure/final cover integrity/function
 - c. drainage plan
 - d. landfill gas control/monitoring plan

Plan/Report #

Page #



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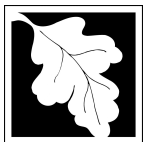
B. Project Information (cont.)

| | Plan/Report # | Page # | DEP Use Only |
|---|---------------|--------|--------------|
| 2. Additional plan/reports for constructing permanent structures on filled areas: | | | |
| a. settlement analysis | | | |
| (1) waste characteristic - refuse, depth, age composition, etc. | _____ | _____ | |
| (2) settlement monitoring - preloading, test fills surveys, etc. | _____ | _____ | |
| b. design considerations | | | |
| (1) differential settlement | _____ | _____ | |
| (2) gas control/monitoring in structures | _____ | _____ | |
| (3) final cover penetrations/integrity | _____ | _____ | |
| (4) utility connections | _____ | _____ | |

C. Permit Review Documentation and Criteria

Note: Complete all sections applicable to requested post closure use. Refer to referenced regulation citation for applicability. Enter NA if not applicable.

| | Plan/Report # | Page # | |
|--|---------------|--------|--|
| 1. Documentation: | | | |
| a. wetlands order of conditions | _____ | _____ | |
| b. financial assurance estimate and mechanism (310 CMR 19.051) | _____ | _____ | |
| 2. Permit criteria: | | | |
| a. (310 CMR 19.038(1)(d)) (all facilities) | | | |
| (1) MEPA compliance | _____ | _____ | |
| (2) sight assignment limits | _____ | _____ | |
| (3) compliance with facility specific regulations | _____ | _____ | |
| (4) health & environmental impact assessment | _____ | _____ | |



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C. Permit Review Documentation and Criteria (cont.)

| | Plan/Report # | Page # | DEP Use Only |
|---|---------------|--------|--------------|
| (5) compliance with other applicable laws and regulations | _____ | _____ | _____ |
| (6) enforcement status | _____ | _____ | _____ |
| (7) structural support | _____ | _____ | _____ |
| b. 310 CMR 19.143(3) (landfills only) | | | |
| (1) final contour changes | _____ | _____ | _____ |
| a. no adverse impacts | _____ | _____ | _____ |
| b. reduce threats | _____ | _____ | _____ |
| (2) integrity of final cover | _____ | _____ | _____ |
| (3) drainage/erosion controls | _____ | _____ | _____ |

D. Engineering Supervision: 310 CMR 19.011(2)

The seal or stamp and signature of a Massachusetts Registered Professional Engineer (P.E.) must be entered below. Both the seal or stamp impression and the P.E. signature must be original. This is to certify that the information contained in this Form has been completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation and that proposed post-closure use represents good environmental engineering practice.

P.E. Name (Type or Print)

P.E. Signature

Position/Title

Company

Date (MM/DD/YYYY)

P.E. Number

Place P.E. Seal or Stamp Here.

Continue to Certification: 310 CMR 19.011 ►



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E. Certification: 310 CMR 19.011(1)

Any person, required by these regulations or any order issued by the Department, to submit papers shall identify themselves by name, profession, and relationship to the applicant and legal interest in the facility, and make the following certification:

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment."

Print Name

Authorized Signature

Position/Title

Date (MM/DD/YYYY)